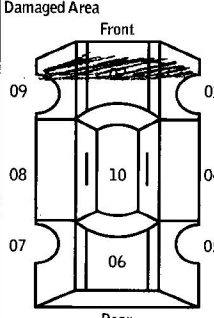


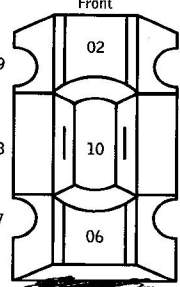


Traffic Crash Report

Local Information		Local Report Number * 13-381		Crash Severity 3 1 - Fatal 2 - Injury 3 - PDO		Hit/Skip 1 - Solved 2 - Unsolved													
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> PDO Under State Reportable Dollar Amount		<input type="checkbox"/> Private Property		Reporting Agency NCIC * 08303		Reporting Agency Name * Lebanon PD		Number of Units 02		Unit in error 01 98 - Animal 99 - Unknown							
County * 83		<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *		City, Village, Township * Lebanon		Crash Date * 12/22/13		Time of Crash 1751		Day of Week THU									
Degrees / Minutes / Seconds Latitude 0 0 0 Longitude 0 0 0						Decimal Degrees Latitude 39.389953 Longitude -84.215128													
Roadway Division <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided		Divided Lane Direction of Travel <input checked="" type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound		Number of Thru Lanes 02		Road Types or Milepost * AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail													
Location Route Type 1 SR		Location Route Number 43		Loc Prefix N,S, E,W		Location Road Name Kingsview		Location Road Type 2		Route Types * IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route									
Distance From Reference 20		Dir From Ref N		Reference Route Type 1		Reference Route Number		Ref Prefix N,S, E,W		Reference Name (Road, Milepost, House #)		Reference Road Type 2							
Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number		Crash Location 01		01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout		06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access		11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown		<input type="checkbox"/> Intersection Related		Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown							
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level		4 - Curve Grade 9 - Unknown		Road Conditions Primary 01		Secondary		01 - Dry 02 - Wet 03 - Snow 04 - Ice		05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*		09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown							
Manner of Crash Collision/Impact 2		1 - Not Collision Between Two Motor Vehicles In Transport		2 - Rear-End 3 - Head-On 4 - Rear-to-Rear		5 - Backing 6 - Angle 7 - Sideswipe, Same Direction		8 - Sideswipe, Opposite Direction 9 - Unknown		Weather 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke		4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown							
Road Surface 2		1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block		4 - Slag, Gravel, Stone 5 - Dirt 6 - Other		Light Conditions Primary 5		Secondary		1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway		5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown							
<input type="checkbox"/> Work Zone Related		<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)		Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median		4 - Intermittent or Moving Work 5 - Other		Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area		4 - Activity Area 5 - Termination Area		<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved							
Narrative Unit 2 was slowing / stopped at the traffic light on SR 43 at Kingsview Dr. Unit 1 was following too closely and struck Unit 2 in the rear.						Diagram A diagram showing the crash location at the intersection of SR 43 and Kingsview Dr. Unit 1 is shown approaching from the north on SR 43, and Unit 2 is shown stopped at the intersection. A compass rose indicates North is up. The text 'Not to Scale' is written.													
Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPs)		Date Crash Reported 12/22/13		Time Crash Reported 1751		Dispatch Time 1755		Arrival Time 1801		Time Cleared 1828		Other Investigation Time P		Total Minutes 27			
Officer's Name * J. Haller						Officer's Badge Number 123						Checked By ACW 131						Page 1 of 4	

1131-381

Unit Number 1011		Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Turner, Jason, Justin		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)		Damage Scale 2		Damaged Area 	
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)						1 - None			
LP State 1011		License Plate Number FKV 8256		Vehicle Identification Number 15NAB1A1R10171491Ynd421614916		# Occupants 1011		2 - Minor	
Vehicle Year 121010101		Vehicle Make Nissan		Vehicle Model SRV		Vehicle Color Taupe		3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company Allied		Policy Number FRAN10018670100-6		Towed By N/A		4 - Disabling	
Carrier Name, Address, City, State, Zip						Carrier Phone- include area code		9 - Unknown	
US DOT		Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.		Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 09 - Pole 02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed 04 - Vehicle Towing Another Vehicle 12 - Dump 05 - Logging 13 - Concrete Mixer 06 - Intermodal Container Chassis 14 - Auto Transporter 07 - Cargo Van/Enclosed Box 15 - Garbage/Refuse 08 - Grain, Chips, Gravel 99 - Other/Unknown		Trafficway Description 3 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway			
HM Placard ID No. 1111		<input type="checkbox"/> Hazardous Material Released				<input checked="" type="checkbox"/> Hit / Skip Unit			
Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response		Unit Type 06 99 - Unknown or Hit / Skip		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle		Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.		17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)		Most Damaged Area 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear		08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	
Pre-Crash Actions 01 99 - Unknown		Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless		Non-Motorist 13 - Negotiating a Curve 14 - Other-Motorist Action		Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Contributing Circumstances Primary 09 Secondary 01 99 - Unknown		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road		11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action		Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action		Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects	
Sequence of Events 1 01 2 01 3 01 4 01 5 01 6 01 First Harmful Event 01 Most Harmful Event 01 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift		06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left		10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision			
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object		Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier		33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole		41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	
Unit Speed 01 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated		Posted Speed 01		Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone		07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings		Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West	
						13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported		5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

Unit Number 10121	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Franz, Jr. Allen	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 475 Glen Oak Dr Springfield OH 45506				
LP State OH	License Plate Number FAU694H	Vehicle Identification Number 1T1K1E116171919101217176918	# Occupants 10121	
Vehicle Year 121010191	Vehicle Make Toyota	Vehicle Model 25	Vehicle Color SLAC	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company USAA	Policy Number 0149340470	Towed By N/A	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 08 - Grain, Chips, Gravel	Trafficway Description <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway	
HM Placard ID No. 1111	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> 09 - Pole <input type="checkbox"/> 10 - Cargo Tank <input type="checkbox"/> 11 - Flat Bed <input type="checkbox"/> 12 - Dump <input type="checkbox"/> 13 - Concrete Mixer <input type="checkbox"/> 14 - Auto Transporter <input type="checkbox"/> 15 - Garbage/Refuse <input type="checkbox"/> 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit	
HM Class Number 1111				

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <input type="checkbox"/> 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) <input type="checkbox"/> 01 - Sub-Compact <input type="checkbox"/> 02 - Compact <input type="checkbox"/> 03 - Mid Size <input type="checkbox"/> 04 - Full Size <input type="checkbox"/> 05 - Minivan <input type="checkbox"/> 06 - Sport Utility Vehicle <input type="checkbox"/> 07 - Pickup <input type="checkbox"/> 08 - Van <input type="checkbox"/> 09 - Motorcycle <input type="checkbox"/> 10 - Motorized Bicycle <input type="checkbox"/> 11 - Snowmobile/ATV <input type="checkbox"/> 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs <input type="checkbox"/> 13 - Single Unit Truck or Van 2axle, 6 tires <input type="checkbox"/> 14 - Single Unit Truck; 3+ axles <input type="checkbox"/> 15 - Single Unit Truck / Trailer <input type="checkbox"/> 16 - Truck/Tractor (Bobtail) <input type="checkbox"/> 17 - Tractor/Semi-Trailer <input type="checkbox"/> 18 - Tractor/Double <input type="checkbox"/> 19 - Tractor/Triples <input type="checkbox"/> 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) <input type="checkbox"/> 21 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 22 - Bus (16+ Seats, Inc Driver) Non-Motorist <input type="checkbox"/> 23 - Animal with Rider <input type="checkbox"/> 24 - Animal with Buggy, Wagon, Surrey <input type="checkbox"/> 25 - Bicycle/Pedacyclist <input type="checkbox"/> 26 - Pedestrian/Skater <input type="checkbox"/> 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10k Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Center Front <input type="checkbox"/> 03 - Right Front <input type="checkbox"/> 04 - Right Side <input type="checkbox"/> 05 - Right Rear <input type="checkbox"/> 06 - Rear Center <input type="checkbox"/> 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action <input type="checkbox"/> 1 - Non-Contact <input type="checkbox"/> 2 - Non-Collision <input type="checkbox"/> 3 - Striking <input type="checkbox"/> 4 - Struck <input type="checkbox"/> 5 - Striking/Struck <input type="checkbox"/> 9 - Unknown
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Pre-Crash Actions <input type="checkbox"/> 01 - Straight Ahead <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Overtaking/Passing <input type="checkbox"/> 05 - Making Right Turn <input type="checkbox"/> 06 - Making Left Turn 99 - Unknown	Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
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Contributing Circumstances Primary <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign Secondary <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road 99 - Unknown	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <input type="checkbox"/> 01 - Turn Signals <input type="checkbox"/> 02 - Head Lamps <input type="checkbox"/> 03 - Tail Lamps <input type="checkbox"/> 04 - Brakes <input type="checkbox"/> 05 - Steering <input type="checkbox"/> 06 - Tire Blowout <input type="checkbox"/> 07 - Worn or Slick tires <input type="checkbox"/> 08 - Trailer Equipment Defective <input type="checkbox"/> 09 - Motor Trouble <input type="checkbox"/> 10 - Disabled From Prior Accident <input type="checkbox"/> 11 - Other Defects
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Sequence of Events 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <input type="checkbox"/> Most Harmful Event <input type="checkbox"/> 99 - Unknown	Non-Collision Events <input type="checkbox"/> 01 - Overturn/Rollover <input type="checkbox"/> 02 - Fire/Explosion <input type="checkbox"/> 03 - Immersion <input type="checkbox"/> 04 - Jackknife <input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift Collision With Fixed Object <input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion <input type="checkbox"/> 26 - Bridge Overhead Structure <input type="checkbox"/> 27 - Bridge Pier or Abutment <input type="checkbox"/> 28 - Bridge Parapet <input type="checkbox"/> 29 - Bridge Rail <input type="checkbox"/> 30 - Guardrail Face <input type="checkbox"/> 31 - Guardrail End <input type="checkbox"/> 32 - Portable Barrier	Collision With Person, Vehicle or Object Not Fixed <input type="checkbox"/> 14 - Pedestrian <input type="checkbox"/> 15 - Pedalcycle <input type="checkbox"/> 16 - Railway Vehicle (Train, Engine) <input type="checkbox"/> 17 - Animal - Farm <input type="checkbox"/> 18 - Animal - Deer <input type="checkbox"/> 19 - Animal - Other <input type="checkbox"/> 20 - Motor Vehicle in Transport Collision With Fixed Object <input type="checkbox"/> 33 - Median Cable Barrier <input type="checkbox"/> 34 - Median Guardrail Barrier <input type="checkbox"/> 35 - Median Concrete Barrier <input type="checkbox"/> 36 - Median Other Barrier <input type="checkbox"/> 37 - Traffic Sign Post <input type="checkbox"/> 38 - Overhead Sign Post <input type="checkbox"/> 39 - Light/Luminaries Support <input type="checkbox"/> 40 - Utility Pole Collision With Person, Vehicle or Object Not Fixed <input type="checkbox"/> 41 - Other Post, Pole or Support <input type="checkbox"/> 42 - Culvert <input type="checkbox"/> 43 - Curb <input type="checkbox"/> 44 - Ditch <input type="checkbox"/> 45 - Embankment <input type="checkbox"/> 46 - Fence <input type="checkbox"/> 47 - Mailbox Collision With Fixed Object <input type="checkbox"/> 48 - Tree <input type="checkbox"/> 49 - Fire Hydrant <input type="checkbox"/> 50 - Work Zone Maintenance Equipment <input type="checkbox"/> 51 - Wall, Building, Tunnel <input type="checkbox"/> 52 - Other Fixed Object
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Unit Speed <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <input type="checkbox"/>	Traffic Control <input type="checkbox"/> 01 - No Controls <input type="checkbox"/> 02 - Stop Sign <input type="checkbox"/> 03 - Yield Sign <input type="checkbox"/> 04 - Traffic Signal <input type="checkbox"/> 05 - Traffic Flashers <input type="checkbox"/> 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	Unit Direction From <input type="checkbox"/> To <input type="checkbox"/> 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

13-381

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE Turner, Jessica	DATE OF BIRTH 1/10/11/1983	AGE 30	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 6825 Fallen Oaks Dr Mason, OH 45040		CONTACT PHONE- INCLUDE AREA CODE (513) 204-5549									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY N/A	MEDICAL FACILITY INJURED TAKEN TO N/A	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE 0141	OPERATOR LICENSE NUMBER RY652230	OL CLASS 4	No VALID OL 0	M/C END. 0	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACDA		CITATION NUMBER 66167		HANDS-FREE DEVICE USED 0		DRIVER DISTRACTED BY 2				

UNIT NUMBER 1012	NAME: LAST, FIRST, MIDDLE Spitt, Shawn	DATE OF BIRTH 10/8/26/1966	AGE 47	GENDER M - MALE F - FEMALE							
ADDRESS, CITY, STATE, ZIP 3200 Vine St Cincinnati, OH 45200		CONTACT PHONE- INCLUDE AREA CODE (937) 241-8897									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY N/A	MEDICAL FACILITY INJURED TAKEN TO N/A	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE 0141	OPERATOR LICENSE NUMBER TE456235	OL CLASS 4	No VALID OL 0	M/C END. 0	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY				

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 1012	NAME: LAST, FIRST, MIDDLE Blain, Wendy	DATE OF BIRTH 10/10/36	AGE 47	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 923 Stone ridge Ln Lebanon, OH 45036		CONTACT PHONE- INCLUDE AREA CODE (513) 313-0983		

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY N/A	MEDICAL FACILITY INJURED TAKEN TO N/A	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE	
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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